CHAPTER 11

Case Name	Daleson Ente	rprises, LLO	C d/b/a Jones Cou	inty Rest	Home		
Case Number	05-50095	For Period	November 1	to	November 30	_ ,20	_06
the following fo	orms unless the	United State		ed the req	H. The debtor mu uirement in writing		
Form Attached	Previous Waived	ly	REQUIREI	REPOR	ΓS/DOCUMENTS		
(mark only one	- attached or v	vaived)					
$\{X\}$	{ }		Comparativ	e Balance	Sheet (FORM 2-B)	
$\{X\}$	{ }		Profit and L	oss Staten	nent (FORM 2-C)		
{X}	{ }		Cash Receipts and Disbursements Statement (FORM 2-D)				
{X}	{ }		Supporting Schedules (FORM 2-E)				
{X}	{ }		Narrative (FORM 2-F)				
{X}	{ }		Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)				
are true and corre	ect to the best of		dge and belief.	perating l	Report and any atta	chments	thereto,
Executed on:	(date)		Debtor(s)*		Daleson Enter d/b/a/ Jones C		
			By:** Position:		Member	Ru	200
			Name of prepar	er:	Sandy Lindse	y, CFO	
			Telephone No.	of Prepare	er 601-758-1989		

^{*} both debtors must sign if a joint petition ** for corporate or partnership debtor

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COMPARATIVE BALANCE SHEET

ASSETS:	Month						
CURRENT ASSETS:	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06
Cash	474,009	493,145	462,635	452,953	447.658	298,072	332,797
Accounts Receivable, Net	283,999	259,578	259,578	259, 571	263,251	383,531	342.827
Inventory, at lower of cost or market		0	0	0	0	0	0
Prepaid expenses & deposits		0	0	0	0	0	0
Other	620,268	620,268	620,268	620,268	620,268	620,268	620,268
	1,378,276	1,372,991	1,342,481	1,332,792	1,331,177	1,301,871	1,295,892
TOTAL CURRENT ASSETS	254,993	254,993	254,993	254,993	254,993	254,993	254,993
PROPERTY, PLANT & EQUIPMENT	0	()	0	0	0	0	0
NET PROPERTY, PLANT & EQUIPMENT	254,993	254,993	254,993	254,993	254,993	254,993	254,993
OTHER ASSETS Certificate of Need Cost	715,738	715,738	715,738	715,738	715.738	715,738	715,738
Workers Comp Deposit	94,435	94,435	94,435	94,435	94,435	94,435	94,435
TOTAL OTHER ASSETS	810,173	810,173	810,173	810,173	810,173	810,173	810,173
TOTAL ASSETS	2,443,442	2,438,157	2,407,647	2,397,958	2,396,343	2,367,037	2,361,058

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

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CASE NUMBER:	05-50095

COMPARATIVE BALANCE SHEET

LIABILITIES:	Month	Month	Month	Month	Month	Month	Month
POST-PETITION LIABILITIES:	05/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06
Taxes payable (Form 2-E, pg 1 of 3)	0	()	0	0	0	()	0
Accounts payable (Form 2-E, pg 1 of 3)	0	()	0	0	0	0	0
Other:Intercompany Acets./Etc	0	0	0	0	0	0	0
TOTAL POST-PETITION LIABILITIES	0	()	()	0	()	0	0
PRE-PETITION LIABILITIES:		· · · · · · · · · · · · · · · · · · ·					
Notes payable – secured	689,477	689,477	689,477	689,477	689,477	689,477	689,477
Priority debt	1,258,733	1.258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733
Unsecured debt	308,767	308,767	308,767	308,767	308,767	308,767	308.767
OtherDue Owner	77.723	77,723	77,723	77,723	77,723	77,723	77.723
TOTAL LIABILITIES	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700
EQUITY (DEFICIT)							
PREFERRED STOCK							
COMMON STOCK							
RETAINED EARNINGS:							
Through filling date	108,742	103,457	72,947	63,258	61,643	32,337	26,358
Post Filing date							
TOTAL EQUITY (NET WORTH)	108,742	103,457	72,947	63,258	61,643	32,337	26,358
TOTAL LIABILITIES & EQUITY	2,443,442	2,438,157	2,407,647	2,397.958	2.396.343	2,367,037	2,361,058

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CASE NUMBER:	05-50095	

PROFIT AND LOSS STATEMENT

	Filing Date	Month	Month	Month	Month	Month	Month
SEE ATTACHED		6/30/06	7/31/06	8/31/06	9/30/2006	10/31/06	11/30/06
NET REVENUE		0	0	0	0	0	0
COST OF GOODS SOLD:							
Material							
Labor - Direct				··· · · · · · · · · · · · · · · · · ·			
Manufacturing Overhead		-					
TOTAL COST OF GOODS SOLD:	E TOUR ME TOUR						
GROSS PROFIT:		0	0	0	0	0	0
OPERATING EXPENSES:							
Selling and Marketing		0	0	0	0	0	
General and administrative (rents, utilities, salaries, etc.)		5.285	30,510.	9,689	1.615	29.306	5.979
Other		· :					
TOTAL OPERATING EXPENSES		5.285	30.510	9,689	1.615	29.306	5.979
INTREST EXPENSE.							
INCOME BEFORE DEPRECIATION OR TAXES:		(5,285)	(30,510)	(9.689)	(1,615)	(29,306)	(5.979)
DEPRECIATION OR AMORTIZATION		0		0	0	0	0
EXTRAORDINARY EXPENSES *							
INCOME TAX EXPENSE (BENEFIT)							
NET INCOME (LOSS)		(5,285)	(30.510)	(9.689)	(1,615)	(29,306)	(5.979)

^{*}Requires explanation in NARRATIVE (Form 2-F)

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CASE NAME: Daleson Enterprises, LLC d/b/a Jones Co	County CASE NUMBE	CR: 05-50095				
Rest Ho CASH RECEIPTS ANI		S STATEMENT				
For PeriodNovember	1 toNovember	30, 2006				
Cash Reconciliation						
 Beginning Cash Balance (Ending cash balance from last month's report) Cash Receipts (total Cash Receipts from page 2 of all FORM 2 Cash Disbursements (total Cash Disbursements from page 3 of all FC 		\$ 40,020 \$ 5,295	\$ 298,072			
4. Net Cash Flow5. Ending Cash Balance (to FORM 2-B)			\$ 34,725 \$ 332.797			
CASH SUMMARY – ENDING BALANCE						
Real Estate Account Trust Account	Amount* \$ 0 \$ 330,310	Fina Trustmarl Trustmarl				
 Operating and/or Personal Account Payroll Account Tax Account Other Accounts (Specify checking or savings) 	\$ 2,487 \$ \$ \$ \$	Trustmark				
7. Cash Collateral Account8. Petty Cash	\$					
TOTAL (Must Agree with line 5 above)	\$ 332,797					
*These amounts should be equal to the previous month's disbursements.	onth's balance for the	account plus this mon	th's receipts less this			
ADJUSTED CASH DISBURSEMENTS Cash disbursements on Line 3 above less inter-account transfers and UST fees paid	\$ 5,295					

*NOTE: This amount should be used to determine UST quarterly fees due and agree wit Form 2-D, page 2 of 4 Case 05-50095-ee Doc 337 Filed 01/12/07 Entered 01/12/07 10:58:09 Desc Main Document Page 6 of 36

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

QUARTERLY FEE SUMMARY

			MONTH	ENDED	November	2006	
Payment Date January February March	\$ \$ \$	Cash Disbursements * 274,900 42,376 14,295	 	Quarterly Fee Due		Check No.	Date
Total 1 st Quarter	_\$_	331,571	\$	3,750			
April May June	<u>\$</u> \$	12,196 7,851 6,594	 				
Total 2 nd Quarter	_\$_	26,641		500			
July August September	\$ \$ \$	30,510 9.722 5,295	<u></u>				
Total 3 rd Quarter	<u>s</u>	45,527	\$	500	 		
October November December	\$ \$ \$	149,606 5,295	<u></u>				
Total 4 th Quarter	\$_		\$				

FEE SCHEDULE

DISBURSE	EMENT CATEGORY	QUARTERLY FEE DUE
Less than	\$15.000.00	\$250
\$15,000	- \$74,999.99	\$500
\$75,000	- \$149,999.99	\$750
\$150,000	- \$224,999.99	\$1,250
\$225,000	- \$299,999.99	\$1,500
\$300,000	- \$999,999.99	\$3,750
\$1,000,000	- \$1,999,999.99	\$5,000
\$2,000,000	- \$2,999,999.99	\$7.500
\$3,000,000	- \$4,999,999.99	\$8,000
\$5,000,000	and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

^{*} Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case Name:	Daleson Enterprises d/b/a Jones County Rest Home				
Case Number:	05-50095				
	CASH RECEIPTS AND DISBUR	SEMENTS STATEMENT			
(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)					
	For PeriodNovember I to _	_November 30, 2006			
	Account Name:Jones County Rest Home Operating Account CASH RECEIPTS.	_			
	(attach additional sheet	s as necessary)			
<u>Date</u>	Description (Source)	Amount .			
SEE AT	ΓACHED				
	Total C	Cash Receipts \$0_			

Case Name:	Daleson Enterprises d/b/a Jones County Rest Home	
Case Number:	05-50095	
	CASH RECEIPTS AND DI	SBURSEMENTS STATEMENT
(This form sho		ant listed on page 1 of Form 2-D that the debtor maintained the month.)
	For PeriodNovember 1	toNovember 30_, 20_06
	Account Name:_JCRH Old Acct. Pa	yable_ Account Number:_430-715-3379
	<u>CASH RECI</u>	EIPTS JOURNAL
	(attach additiona	l sheets as necessary)
Date	Description (Source)	Amount

SEE ATTACHED

Total Cash Receipts

\$__0___

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		01/0-
Case Name:	Daleson Enterprises d/b/a Jones County Rest Home	
Case Number:	05-50095	
	CASH RECEIPTS AND DIS	SBURSEMENTS STATEMENT
(This form sho		ant listed on page 1 of Form 2-D that the debtor maintained the month.)
	For PeriodNovember 1	toNovember 30 20_06
	Account Name: JCRH New Accts. Pay	able_ Account Number:480-009-6685
	<u>CASH RECE</u>	IPTS JOURNAL
	(attach additional	sheets as necessary)
Date	Description (Source)	Amount
SEE AT	TACHED	

Total Cash Receipts

\$___40,020____

JONES NEW AP DEPOSITS NOV 2006 11/1/2006 Through 11/30/2006

6/2007 Date	Account	Num	Description	Мето	Category	Clr	Page Amount
11/3/	/AP NEW JCRHE	DEP	DEPOSIT			R	40,020.00
TOTAL 1	11/1/2006 - 11/3	30/2006		<u>.</u>			40,020.00
				TOTAL INFI	LOWS		40,020.00
				TOTAL OUT	FLOWS		0.00
				NET TOTAL			40,020.00

01/04

Case Name:	Daleson Enterprises d/b/a Jones County Rest Home	
Case Name.	County Rest Home	
Case Number:	05-50095	
	CASH RECEIPTS AND DISBURSI	EMENTS STATEMENT
(This form sho	ould be completed for each type of account listed during the mon	on page 1 of Form 2-D that the debtor maintained th.)
	For PeriodNovember I toN	ovember 30, 20_06
	Account Name: JCRH Payroll _ Accoun	t Number:_480-009-6693
	CASH RECEIPTS JO	DURNAL
	(attach additional sheets	as necessary)
Date	Description (Source)	Amount

SEE ATTACHED

Total Cash Receipts

\$_0

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01/04	
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Case Name:	Daleson Enterprises d/b/a Jones County Rest Home	
Case Number:	05-50095	
	CASH RECEIPTS AND DIS	SBURSEMENTS STATEMENT
(This form sho	•	ant listed on page 1 of Form 2-D that the debtor maintained the month.)
	For PeriodNovember 1	toNovember 30, 20_06
	Account Name:_JCRH Resident Tr	rust _ Account Number:_480-009-6719
	<u>CASH RECE</u>	IPTS JOURNAL
	(attach additiona	sheets as necessary)
Date	Description (Source)	Amount .

SEE ATTACHED

Total Cash Receipts

\$_0_

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Case Name:		Enterprises d/b/a	Jones				01/04
Case Number:	05-50095	; 					
	((This form shou	ld be complet	BURSEMENTS S ed for each type of debtor maintained d	account listed		
	1	For PeriodNo	ovember 1	to _November 3	0, 2006	-	
	Accoun	t Name:JCRI	-l Old Acct. P	ay Account Nur	nber: _430-71	15-3349	
				EMENTS JOURNA sheets as necessary			
Date Che	eck No.	Payee	Description	on (Purpose)*	·	Amount	<u> </u>
SEE A	ATTACHED						
				Total Cash Disb	ursements	\$418	

^{*}Identify any payments to professionals, owners. partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

JONES OLD AP PAYMENTS NOV 2006 11/1/2006 Through 11/30/2006

			, _,	_,	• •		
7/2007 Date	Account	Num	Description	Memo	Category	Clr	Page Amount
- Dace	Account	TV CLITT	Deactiberon	riento	Caregory		Allount
11/10	.DO NOT U	EBI T	ACH DEBIT T			R	-298.39
11/16	.DO NOT U	DEBIT	ACH DEBIT M			R	-109.59
11/20	.DO NOT U		Service Charge		Bank Charge	R	-10.00
TOTAL 11/	1/2006 - 11/3	30/2006					-417.98
			TC	TAL INF	LOWS		0.00
			TC	TAL OUT	FLOWS	<u></u>	-417.98
			NE	T TOTAL			-417.98

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		Document	Pag	ge 15 of 36		

Case Name:	Daleson Enterprises d/b/a Jones County Rest Home
Case Number:	05-50095
	CASH RECEIPTS AND DISBURSEMENTS STATEMENT (This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.) For PeriodNovember 1 to _November 30, 2006 Account Name: _Jones County Rest Home Account Number: _480-009-6701 Operating CASH DISBURSEMENTS JOURNAL (attach additional sheets as necessary)
Date Chec	ck No. Payee Description (Purpose)* Amount
SEE A	TTACHED
	Total Cash Disbursements \$0

^{*}Identify any payments to professionals, owners, partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Case Name:	Daleson Enterprises d/l County Rest Home	b/a Jones	
Case Number:	05-50095		
	(This form sho on page 1 of FOR	IPTS AND DISBURSEMENTS ST. ould be completed for each type of ac LM 2-D that the debtor maintained dur toNovember 30	count listed ing the month.)
	– CA	New Acct. Payable Account Num ASH DISBURSEMENTS JOURNAL attach additional sheets as necessary)	_
Date Che	ck No. Payee	Description (Purpose)*	Amount
SEE A	TTACHED		
		Total Cash Disbur	sements \$4,877

^{*}Identify any payments to professionals. owners, partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

JONES NEW AP PAYMENTS NOV 2006 11/1/2006 Through 11/30/2006

./6/2007 Date	Account	Num	Descriptio	n Memo	Category	Clr	Page Amount
11/16	AP NEW JCRH3	348	LARRY FORTE			R	-2,285.00
11/16	AP NEW JCRH3	349	LARRY RUSSE	LL		R	-2,285.00
11/16	AP NEW JCRH3	350	LARRY FORTE			R	-153.60
11/16	AP NEW JCRH3	351	LARRY RUSSE	LL		R	-153.60
TOTAL 11/1	/2006 - 11/3	0/2006					-4,877.20
				TOTAL INF	LOWS		0.00
				TOTAL OUT	FLOWS		-4,877.20
				NET TOTAL			-4,877.20

Case Name:	Daleson Enterprises d County Rest Home	/b/a Jones	
Case Number:	05-50095		
	(This form sh	EIPTS AND DISBURSEMENTS ST nould be completed for each type of a RM 2-D that the debtor maintained du	ccount listed
	For Period	November 1 to November 30), 2006
	Account Name:	JCRH Payroll Account Number	: _480-009-6693
		ASH DISBURSEMENTS JOURNA! (attach additional sheets as necessary)	
Date Chec	ck No. Payee	Description (Purpose)*	Amount
SEE A	ГГАСНЕО	Total Cash Disbu	arsements \$_0

^{*}Identify any payments to professionals, owners, partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

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		Document	Page 19 of 36	

Case Name:	Daleson Enterprises d/b County Rest Home	o/a Jones	
Case Number:	05-50095		
	(This form sho on page 1 of FORI	APTS AND DISBURSEMENTS STA buld be completed for each type of acc M 2-D that the debtor maintained dur November 1 to _November 30_	count listed ing the month.)
	Account Name: _JCRH	I Resident Trust Account Numbe	r: _480-009-6719
		ASH DISBURSEMENTS JOURNAL ttach additional sheets as necessary)	
Date Che	ck No. Payee	Description (Purpose)*	Amount
SEE A	TTACHED		
		Total Cash Disburs	sements \$0

^{*}Identify any payments to professionals, owners, partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME:	Daleson Enterprises d/b/a Jones	CASE NUMBER:	05-50095	
	County Rest Home	-		

SUPPORTING SCHEDULES

For Period ___November 1___ to _November 30_, 20 06____

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW	0	0	\$	\$	\$	
FICA	0	0				
FUTA	0	0				
SITW	0	0				
SUTA	0	0				
OTHER TAX						
TRADE						
PAYABLES						
		ļ				
	-					
OTHER	0	0				
Retirement	0	0				
Accrued PR	0	0				
Bonus	0	0				
TOTALO			<u> </u>	6	0	
TOTALS	0	0	\$	\$	\$	\$

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CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest CASE NUMBER: 05-50095 Home

SUPPORTING SCHEDULES

For Period November 1 To November 30 2006

INSURANCE SCHEDULE

Туре	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	MSHCA	\$100,000	1/1/06	NO
General Liability	CULIC	\$500,000	10/7/06	CANCELLED
Property (Fire, Theft)	Fox Everett	\$500,000	8/30/06	CANCELLED
Vehicle				
Other (list):				
				-

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.
- (2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

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01/04

CASE NAME:	Daleson Enterp Home	rises, LLC dba Jones	Cty Rest	CASE NUMBER:	05-50095	
		NARI	RATIVE S	TATEMENT		
	For Period	_November 1	to	November 30_	. 20 06_	
Please provide a brief description of the significant business and legal action by the debtor, its creditor or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.						
						
				, , , , , , , , , , , , , , , , , , , ,		
		_				

Document Page 23 of 36 JONES PAYROLL NOV 2006

PR NEW JCRH 12/9/2006

Page 1

Reconciliation Summary

BANK STATEMENT CLEARED TRANSACTIONS:			
Previous Balance:			3,635.84
Checks and Payments Deposits and Other Credits Service Charge Interest Earned	11 0	Items Items Items Items Items	0.00 0.00 0.00 0.00
Ending Balance of Bank Statement:			3,635.84
YOUR RECORDS UNCLEARED TRANSACTIONS: Cleared Balance:			3,635.84
Checks and Payments Deposits and Other Credits	_	Items Items	-1,148.61 0.00
Register Balance as of 11/30/2006: Checks and Payments Deposits and Other Credits	0	Items Items	2,487.23 0.00 0.00
Register Ending Balance:			2,487.23

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PR NEW JCRH 12/9/2006

Uncleared Transaction Detail up to 11/30/2006

Page 2

Date	Num	Payee	Memo	Ca	tegory	_ Clr	Amount
Uncleared	Checks	and Payments					
1/6/2006 1/6/2006	4022 4032	2021 Kendra Barnett 1878 LINDSEY SAN		Salary			-387.57 -761.04
Total Unc	leared (Checks and Payments		2	Items		-1,148.61
Uncleared	Deposi	ts and Other Credits					
Total Unc	leared :	Deposits and Other Cred	its	0	Items		0.00
Total Unc	leared '	Transactions		2	Items	·	-1,148.61



Small Business Checking

Page 1 of 2

Statement Period From 11/01/2006 To 11/30/2006 Account Number 480-009-6693

Infinite inf

Customer Service:

1-800-243-2524 or 1-601-961-6000 Automateo Response - 24 nours day Representative - Mon - Fr. - San -Som Sat 9am-Tpm

For questions, or to receive a Trustmark Access Number for use with automated services, call during Representative nears and choose option. (

Website address: www.mustman.com



Summary

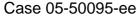
	<u>-</u>	
Description	Transactions	Amount
Balance last statement		3,635,84
Deposits and other credits	···	+ .00
Checks and other withdrawals		00
Service charges		00
Balance this statement		\$3.635.84

Note: Your lowest balance during this period was \$3,635.84, and it occurred on 11/1/2006



Daily Balance History

<u>Date</u>	Balance \$3,635.84	<u>Date</u> <u>Balance</u> 11/30 \$3,635.84	\$3,700	
			\$0 11/01	11/30
			Your B. Balar	alance this Period



Case 05-50095-ee Post Office 337 221 Filed 01/12/07 Entered 01/12/07 10:58:09 524 Desc Main

Trustmark

Small Business Checking

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Statement Period From 11/01/2006 To 11/30/2006 **Account Number** 480-009-6693

Reconciliation

This section is provided to	help you baland	e your bank s	tatement.		· -	 	
Checks and Other Withdrawals outstanding - Not charged to account	Check Number	Amount			Bank Balance Shown on this statement	\$3.6	35.84
140, Granged to decears.					Add +		
		<u> </u>			Deposits not credited to this statement	\$	<u> </u>
					Total	\$	
		<u> </u>			Subtract _		
		<u> </u>		Γ	Checks and Other Withdrawa Outstanding	ls S	<u></u>
					Balance =	<u>s</u>	
Total Checks and Other Withdrawals outstan	ding \$				This balance should balance after deduc adding interest (if a for previous month.	ting service cha	rges and



Customer News

ATM/debit card use outside the United States

If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.

CONSUMER ACCOUNTS ONLY

In Case of Error or Questions About Your Electronic Transfer or Direct Deposit

Write or telephone us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer or direct deposit listed on the statement or receipt. We must be notified by you no later than 60 days after we sent the first statement on which the problem or error appeared.

Tell us your name and account number.
 Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
 Tell us the dollar amount of the suspected error.

We will generally complete our investigation within 10 business days and correct any error promptly. In some cases, an investigation may take longer, but you will have the use of the funds in question after the 10 business days. If we ask you to put your complaint or questions in writing and we do not receive it within 10 business days, we may not credit your account during the investigation.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

For questions or problems relating to your Trustmark Express Card or any electronic fund transfer, call us at 1-601-961-6000 (in the Jackson, Mississippi area) or at 1-800-243-2524 (all other locations). If you prefer you may write us at the following address:

Trustmark National Bank

Attn: Customer Contact Center P.O. Box 291 Jackson, MS 39205-0291

Thank dan hambina sedah ...

Document Page 27 of 36 JONES NEW AP NOV 2006

AF NEW JCRH 12/9/2006

Reconciliation Summary

Page 1

320,322.66

BANK STATEMENT CLEARED TRANSACTIONS:			
Previous Balance:			295,680.35
Checks and Payments Deposits and Other Credits Service Charge Interest Earned	1 0	Items Item Items Items	-7,815.80 40,020.00 0.00 0.00
Ending Balance of Bank Statement:			327,884.55
YOUR RECORDS UNCLEARED TRANSACTIONS:			
Cleared Balance:			327,884.55
Checks and Payments Deposits and Other Credits	10 0	Items Items	-7,561.89 0.00
Register Balance as of 11/30/2006: Checks and Payments Deposits and Other Credits	0	Items Items	320,322.66 0.00 0.00

Register Ending Balance:

Document Page 28 of 36
JONES NEW AP NOV 2006

AP NEW JCRH 12/9/2006

Uncleared Transaction Detail up to 11/30/2006

Page 2

Date	Num	Payee	Memo	Ca	tegory	Clr Amount
Uncleared Ch	ecks	and Payments				
7/13/2005 8/12/2005 9/14/2005 10/14/ 11/15/ 12/15/ 1/10/2006 1/12/2006	2296 2556 2658 2821 2962 3092 3180 3235 3243 3280	GARY D. THRASH WILLIAM G. CLARK ELLEN GRAVES JOHN D. MCCORMICK		GARNIS	HMENT	-457.89 -800.00 -800.00 -800.00 -800.00 -800.00 -800.00 -20.00 -1,484.00
Total Unclea	red C	hecks and Payments		10	Items	-7,561.89
		s and Other Credits			T .	
Total Unclea	red D	eposits and Other Credi	.ts	0	Items	0.00
Total Unclea	red T	ransactions		10	Items	-7,561.89

Small Business Checking

Page 1 of 4

Statement Period From 11/01/2006 To 11/30/2006 Account Number 480-009-6685

7 Images Included

Inflictional flow flow flow for the following states of the following states o

Customer Service:

1-800-243-2524 or 1-601-961-6000 Automated Response 24 hours day Representative Mon - Fri, 8am-8pm Sat 9am-7pm

For questions, or to receive a Trustmark Access Number for use with automated services, call during Representative hours and choose option 0

Website address: www.trustmare.com



Summary

Description	Transactions	Amount
Balance last statement		295,680,35
Deposits and other credits	1	+ 40,020.00
Checks and other withdrawals	7	- 7.815.80
Service charges	-	00
Balance this statement		\$327.884.55

Note: Your lowest balance during this period was \$295.680.35, and it occurred on 11/1/2006.



Deposits and Other Credits

Total of Deposits and Other Credits: \$40,020.00



Checks and Other Withdrawals

Checks Paid

Number of images included in this statement: 7

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
3342	11/21	2,285.00	3348	11/21	2,285.00	<u>3351</u>	11/21	153.60
3344 #	11/21	153.60	3349	11/21	2,285,00			
3347 #	11/7	500.00	3350	11/21	153,60			



Small Business Checking

Page 2 of 4

Statement Period From 11/01/2006 To 11/30/2006 Account Number 480-009-6685

Checks and Other Withdrawals - continued Checks Paid - continued

Number of images included in this statement: 7

Total of Checks Paid: \$7,815.80



Indicates a break in the check number sequence before this check.

Represents an unnumbered check or a non-check item.



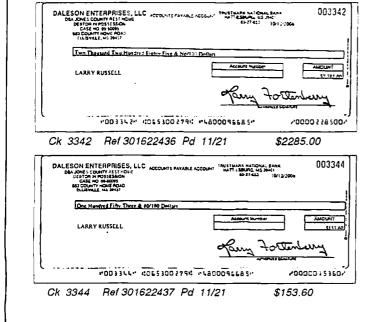
Daily Balance History

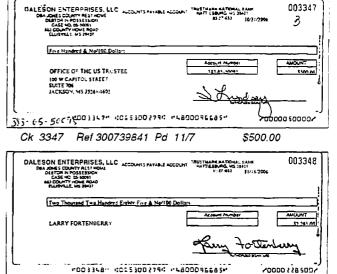
<u>Date</u>	Balance	Date	Balance	Date	Balance			
11/1	\$295,680.35	11/7	\$335,200.35	11/30	\$327,884.55	\$340.000		
11/3	\$335,700.35	11/21	\$327,884.55					
						\$0 11/	(01	11/30
						, 17	/U I	11730
							Your Bala	nce this Period



Check Images

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.





Ck 3348 Ref 301622413 Pd 11/21

\$2285.00



Case 05-50095-ee Doc. 337 5. Filed 01/12/07 3 Entered 01/12/07 10:58:09 Desc Main Document Page 31 of 36

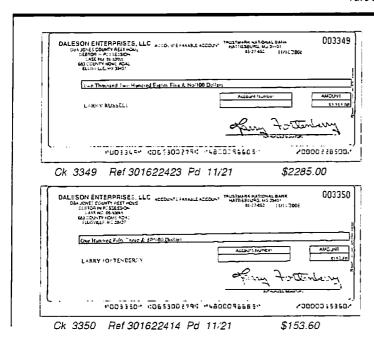
Small Business Checking

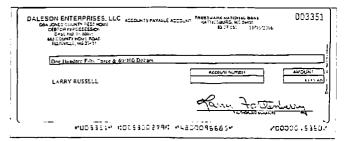
Page 3 of 4

Statement Period From 11/01/2006 To 11/30/2006 Account Number 480-009-6685

Check Images - continued

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.





Ck 3351 Ref 301622424 Pd 11/21

\$153.60

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Small Business Checking

Page 4 of 4

Statement Period From 11/01/2006 To 11/30/2006

Account Number 480-009-6685

Reconciliation

Checks and Other Withdrawals outstanding -	Check Number	Amount			Bank Balance Shown on this statement	£207 (384.55
Not charged to account		<u> </u>			IIIS SIALEITIETII	0021,0	304,33
		1			Add +		
			<u> </u>		Deposits not credited to this	<u>\$</u>	
		<u> </u>			statement		
		<u> </u>	1.		Total	\$	
					Subtract _		
				Γ	Checks and Other Withdrawal Outstanding	^{(s} \$	
		1	1		Balance =	\$	1
Total Checks and Other Withdrawals outstan	ading S				This balance should balance after deduc adding interest (if ar for previous month.	ting service ch	arges and



Customer News

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3. Tell us the dollar amount of the suspected error.

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For questions or problems relating to your Trustmark Express Card or any electronic fund transfer, call us at 1-601-961-6000 (in the Jackson, Mississippi area) or at 1-800-243-2524 (all other locations). If you prefer you may write us at the following address:
Trustmark National Bank
Attn: Customer Contact Center
P.O. Box 291
Jackson, MS 39205-0291

Thank you for banking with us.

Document Page 33 of 36 JONES OLD AP NOV 2006

DO NOT USE JCRH AP 12/9/2006

Register Ending Balance:

Reconciliation Summary

Page 1

CLEADED WDANCACTIONS.		
BANK STATEMENT CLEARED TRANSACTIONS:		1,798.19
Previous Balance:		1,730.13
Checks and Payments Deposits and Other Credits Service Charge Interest Earned	2 Items 0 Items 1 Item 0 Items	-407.98 0.00 -10.00 0.00
Ending Balance of Bank Statement:		1,380.21
YOUR RECORDS UNCLEARED TRANSACTIONS: Cleared Balance:		1,380.21
Checks and Payments Deposits and Other Credits	0 Items 0 Items	0.00
Register Balance as of 11/30/2006: Checks and Payments Deposits and Other Credits	0 Items 0 Items	1,380.21 0.00 0.00
Register Ending Balance:		1,380.21

DO NOT USE JCRH AP 12/9/2006

Page 2

Uncleared Transaction Detail up to 11/30/2006

Date	Num _	Payee	Memo	Ca	ategory	_ Clr	Amount
Uncleared	Checks and	d Payments					
Total Unc	leared Chec	cks and Payments		0	Items		0.00
Uncleared	Deposits a	and Other Credits					
Total Unc	leared Depo	osits and Other Credits		0	Items		0.00
Total Unc	leared Tran	nsactions		0	Items		0.00



Small Business Checking

Page 1 of 3

Statement Period From 11/01/2006 To 11/30/2006 Account Number 430-715-3349

Infilitional Infilition Infilitio

Customer Service:

1-800-043-2504 or 1-001-361-6000 Automated Response - 24 hours day Representative - Mon - Fr. - Sam-Spm Sat Bam-Tom

For questions or to receive a Trustmari Access Number for use with automated services, call during Representative hours and choose option 10

Website address: www.trustmark.com



Summary

Description	Transactions	Amount
Balance last statement	·	1,798,19
Deposits and other credits		+ .00
Checks and other withdrawals	2	- 407.98
Service charges	1	- 10.00
Balance this statement		\$1,380.21

Note: Your lowest balance during this period was \$1,380.21, and it occurred on 11/30/2006.



Checks and Other Withdrawals

Other Electronic Transactions

Dat <u>e</u>	Amount	Description	
11/10	298.39	ACH DEBIT AXA EQUITABLE INS. PAYMT PPD 22009572334903	
11/16	109.59	ACH DEBIT METLIFE PAYMENT PPD 10000771914	

Total of Other Electronic Transactions: \$407.98

Service Charges

Date	_Amount	Description			
11/30	- 10.00	MAINTENANCE FEE	-		

Total of Service Charges: \$10.00

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Small Business Checking

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Trustmark National Bank

Statement Period From 11/01/2006 To 11/30/2006

Account Number 430-715-3349



Daily Balance History

Date Balance	Date Balance		-
11/1 \$1,798.19	<u>11/16 \$1,390.21</u>	\$1,800	
11/10 \$1,499.80	11/30 \$1,380.21		
		so	
		11/01	11/30
		Your Balance this Period	
		Balance	

Reconciliation

This section is provided to help you balance your bank statement. Checks and Other Withdrawals Bank Balance Shown on Check Number Amount outstanding -Not charged to account \$1.380.21 this statement Add + Deposits not credited to this statement Total Subtract -Checks and Other Withdrawals Outstanding Balance = Total Checks and This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement Other Withdrawals outstanding for previous month.



Customer News